

CH 2

Bile duct injuries associated with cholecystectomy in community hospital

Hwakyung JUNG

HBP Surgery, Samil Hospital, Korea

Lecture : Cholecystectomy is one of the most frequently performed procedures in GI surgery. Cholecystectomy bears a risk for iatrogenic bile duct injury. Bile duct injury(BDI) is a complication associated with significant perioperative morbidity and mortality, high costs, reduced quality of life, high rates of litigation.

Review and summarizes the method for prevention and management of BDI.

Methods for prevention of BDI are alternative treatment (do nothing, call for help and/or transfer, cholecystostomy), anatomical considerations (Rouviere's sulcus, Calot's node, CVS), liberal use of cholangiography (ICG fluoroscopy, intra-operative cholangiography), bailout procedure. If BDI is suspected, laboratory tests, radiologic imaging, and endoscopy play an important role in diagnosis. Interventional radiologist and endoscopist are needed for initial diagnosis and treatment of BDI and are important to classify them correctly. In patient with complete dissection or obstruction of the bile duct, surgical management remains the only feasible option. Early and appropriate management may avoid many serious complications and improve the quality of life of our patients.

Prevention is the best. Use the appropriate procedure or tools to prevent BDI. If BDI was happened, early detection and appropriate management are needed. Ask experts in each field for help. Or be equipped with the necessary equipment and be an expert.